

# **Request for Examination**

(Specify ONE level of test here)



Office of the State Fire Marshal  
Div. of Personnel Standards and Education  
1035 Stevenson Dr.  
Springfield, Ill 62703-4259

**Fire Department/School:**

**Phone:**

(       )

**Address:**

**Fire Department/School Having Current Course Approval:**

By my signature below as Fire Chief/School Director, I certify that all firefighter certification training requirements as established by the Division of Personnel Standards and Education have/will have been met for the individuals requesting the examination. As Fire Chief/School Director, I certify that all individuals are fire protection personnel meeting 50 ILCS 740§.

Check the appropriate box below

☐ As Fire Chief, I further certify that Fire Department records exist for each individual covering all training requirements; e.g., subject areas, practical skill examinations. By my signature, I further certify that this request form serves as a partial roster of current members of my department.

☐ As School Director I further certify that all firefighter certification training requirements as established by the Division of Personnel Standards and Education have/will have been met for the individuals requesting the examination.

**Fire Chief/School Director Printed Name:**

**Fire Chief/School Director Social Security Number:**

**Fire Chief/School Director Signature:**

**Qualified Instructor Printed Name:**

**Qualified Instructor Social Security Number:**

**Qualified Instructor Signature:**

**FIREFIGHTER EXAMINATION REQUESTED DATES AND LOCATIONS:**

|                              | <b>Date</b> | <b>Location</b> | <b>Time</b> |
|------------------------------|-------------|-----------------|-------------|
| <b>1<sup>st</sup> Choice</b> |             |                 |             |
| <b>2<sup>nd</sup> Choice</b> |             |                 |             |
| <b>3<sup>rd</sup> Choice</b> |             |                 |             |
| <b>4<sup>th</sup> Choice</b> |             |                 |             |

|                              |  |
|------------------------------|--|
| <b>Specify Level of Exam</b> | <b>For Office Use Only</b><br><b>Request Number:</b> |
|------------------------------|--|

Please print all information clearly  
**\*Home addresses, fd status and date entered fire service are required for all**

| NAME          | SS # | FD  | FDID                      |
|---------------|------|---|---------------------------|
| 1.            |      |   |                           |
| *Home Address |      | Paid <input type="checkbox"/><br>POC <input type="checkbox"/><br>VOL <input type="checkbox"/> | Date Entered Fire Service |
| 2.            |      |   |                           |
| *Home Address |      | Paid <input type="checkbox"/><br>POC <input type="checkbox"/><br>VOL <input type="checkbox"/> | Date Entered Fire Service |
| 3.            |      |   |                           |
| *Home Address |      | Paid <input type="checkbox"/><br>POC <input type="checkbox"/><br>VOL <input type="checkbox"/> | Date Entered Fire Service |
| 4.            |      |   |                           |
| *Home Address |      | Paid <input type="checkbox"/><br>POC <input type="checkbox"/><br>VOL <input type="checkbox"/> | Date Entered Fire Service |
| 5.            |      |   |                           |
| *Home Address |      | Paid <input type="checkbox"/><br>POC <input type="checkbox"/><br>VOL <input type="checkbox"/> | Date Entered Fire Service |
| 6.            |      |   |                           |
| *Home Address |      | Paid <input type="checkbox"/><br>POC <input type="checkbox"/><br>VOL <input type="checkbox"/> | Date Entered Fire Service |

